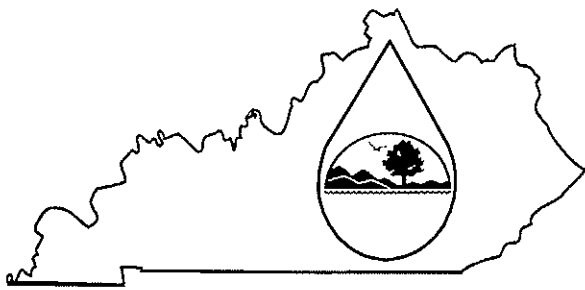


# KPDES FORM C

AI:3665



## KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

### PERMIT APPLICATION

A complete application consists of this form and Form 1.  
For additional information, contact Surface Water Permits Branch, (502) 564-3410.

Name of Facility: 898-8157 (Millard Prep Plant)				County: Pike							
<b>I. OUTFALL LOCATION</b>				AGENCY USE	0	0	2	3	9	6	5
For each outfall list the latitude and longitude of its location to the nearest 15 seconds and the name of the receiving water.											
Outfall No. (list)	LATITUDE			LONGITUDE			RECEIVING WATER (name)				
	Degrees	Minutes	Seconds	Degrees	Minutes	Seconds					
SS #2	37	24	22	82	26	55	Hopkins Creek				
SS #3	37	24	08	82	26	58	Hopkins Creek				
SS 'B'	37	23	24	82	27	21	Hopkins Creek				

## II. FLOWS, SOURCES OF POLLUTION, AND TREATMENT TECHNOLOGIES

- A. Attach a line drawing showing the water flow through the facility. Indicate sources of intake water, operations contributing wastewater to the effluent, and treatment units labeled to correspond to the more detailed descriptions in Item B. Construct a water balance on the line drawing by showing average flows between intakes, operations, treatment units, and outfall. If a water balance cannot be determined (e.g., for certain mining activities), provide a pictorial description of the nature and amount of any sources of water and any collection or treatment measures.
- B. For each outfall, provide a description of: (1) all operations contributing wastewater to the effluent, including process wastewater, sanitary wastewater, cooling water, and storm water runoff; (2) the average flow contributed by each operation; and (3) the treatment received by the wastewater. Continue on additional sheets if necessary.

OUTFALL NO. (list)	OPERATION(S) CONTRIBUTING FLOW		TREATMENT	
	Operation (list)	Avg/Design Flow (include units)	Description	List Codes from Table C-1
SS #2	storm water runoff	12.30 cfs	sedimentation	1-U
SS #3	storm water runoff	14.52 cfs	sedimentation	1-U
SS 'B'	storm water runoff	369.28 cfs	sedimentation	1-U

**VII. BIOLOGICAL TOXICITY TESTING DATA**

Do you have any knowledge of or reason to believe that any biological test for acute or chronic toxicity has been made on any of your discharges or on a receiving water in relation to your discharge within the last 3 years?

☐ Yes (Identify the test(s) and describe their purposes below)

☒ No (Go to Section VIII)

**VIII. CONTRACT ANALYSIS INFORMATION**

Were any of the analyses reported in Item V performed by a contract laboratory or consulting firm?

☒ Yes (list the name, address, and telephone number of, and pollutants analyzed by each such laboratory or firm below)


☐ No (Go to Section IX)

NAME	ADDRESS	TELEPHONE (Area code & number)	POLLUTANTS ANALYZED (list)

Any analyses performed by a contract laboratory will have the requested information on the laboratory sheets, if provided.

**IX. CERTIFICATION**

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME AND OFFICIAL TITLE (type or print): Robert J. Zik, Vice-President	TELEPHONE NUMBER (area code and number): (606) 523-4444
SIGNATURE 	DATE 1-28-2010